



TASB ENDORSEMENT FORM

DATE: _____

Our school board endorses the candidacy of the following individual nominated to fill a position on the TASB Board of Directors.

CANDIDATE INFORMATION

NAME: Teresa Flores
 SCHOOL DISTRICT: Ingleside ISD
 MAILING ADDRESS: 2664 San Angelo
 CITY: Ingleside ZIP: 78362

This nomination was approved by our board of trustees at a duly called meeting on _____.
(Date)

Best regards,

(Signature of board president or officer)

NAME: _____
 SCHOOL DISTRICT: _____
 MAILING ADDRESS: _____
 CITY: _____ ZIP: _____

This form to be used to endorse a properly nominated individual from a board within your TASB region as a candidate to fill a position on the TASB Board of Directors.

Must be received in the TASB Austin Headquarters on or before Monday, August 29, 2016.

RETURN TO: TASB, Inc.
 Attn: Board and Management Services
 P.O. Box 400
 Austin, Texas 78767-0400
E-mail: susan.tabbee@tasb.org
 FAX: 512.467.3554